

NYSPHSAA Official's ACCIDENT REPORT FORM

Date of accident _____

Name of school official in charge _____

Assigned officials' names _____

Date of incident _____ Time of incident _____

Name of injured _____ Level of competition _____

Contested sport _____

Location of contest _____

Schools competing _____

Weather conditions _____

Type of suspected injury _____

Name(s) of school official(s) treating suspected injury, if any treatment was given

Description of incident

Action taken by school official(s) or others administering to the injury

Name(s) and telephone numbers of witness's

Name and phone number of official making this report

Please send copies via e-mail (preferred) sharonf@paris-kirwan.com Or Fax # 585-340-1714

**Ms. Sharon Favor, Claims Manager
Paris Kirwan Associates, Inc.
1040 University Ave., Rochester, NY 14607
Main Office Phone # (585) 473-8000**